AMENDMENTS TO THE SPECIFICATION

Please amend the paragraph which bridges pages 1 and 2 as follows:

> At the onset it may helpful to the understanding of the present invention to define the terms "phakic" and "aphakic" as related to human eyes. The term "phakic" is applied to an eye in which the natural ocular lens is still present. This is in contrast to an "aphakic" eye from which the natural ocular lens ~~nat~~ --for any reason--has been removed. A phakic eye is considered a dynamic or active eye because the living natural lens is subject to change over time, while an aphakic eye is considered a static eye. ~~because the natural lens has Vision in an eye is enabled by light from a viewed image b refracted to the retina by the cornea and the natural lens (and/or any implanted intraocular lens) located posterior of the cornea,~~

Please amend the paragraph beginning on page 3, line 28, as follows:

> With specific regard to anterior chamber IOLs (with which this application is concerned), there has been recently renewed interest in IOLs constructed for fixation to the iris for

correcting vision in phakic eyes (although, some of the earliest IOLs for aphakic eyes were iris fixated anterior chamber IOLs). One reason for renewed interest in iris fixated IOLs for phakic eyes is that fixating (i.e., attaching) the optic supporting structure directly to the iris itself avoids contact by the IOL with the sensitive filtration angle of the eye, thereby reducing subsequent ocular problems.

Please amend the paragraph bridging pages 5 and 6 as follows:

In the parent application of the inventor, an iris fixated intraocular lens and an instrument for attaching same to an iris is described. The instrument is a combination enclavation needle and forceps instrument capable of one-handed use. In the implantation of an IOL, the forceps grips a portion of the haptic and the enclavation needle draws a small portion of the patient's eye material into a pincer gap disposed within the haptic. There is a problem, however, with respect to the instrument described in the inventor's parent application. That problem arises from the fact that the physical orientation of the enclavation needle and the forceps portions of the combination instrument is fixed with

respect to each instrument. Either the enclavation needle is disposed above the forceps or the enclavation needle is disposed below the forceps instrument. It follows from this fact that a practitioner can only use a single combination instrument to fix that haptic of an IOL whose orientation corresponds to the orientation of the instrument. Since the practitioner must fix both haptics of the IOL by insertion of a combination instrument through a single incision in the eye of the patient, the practitioner can only attach a haptic of the IOL to the patient where the haptic has an orientation which corresponds to the orientation of the instrument. Thus, to attach a haptic to the IOL which has a reverse orientation, the practitioner must use a combination instrument having such reverse configuration. This means that a practitioner is required to purchase and maintain two separate combination instruments ~~instrument~~, each having opposite orientations of enclavation needle and forceps. This presents a significant cost disadvantage to the practitioner.

Please amend the paragraph beginning on page 10, line 12, as follows:

FIG. 15 is a longitudinal cross sectional drawing looking along line 15-15 of FIG. 13, illustrating ~~showing~~ details of the enclavation needle tip portion of the combination instrument depicted in FIG. 12, showing in solid lines an exemplary [[, or]] spiral enclavation needle tip in its lowered position, ~~and~~ showing in phantom lines the needle tip in its raised position, and further showing the mechanism by which the needle is raised and lowered;

Please amend the paragraph beginning on page 15, line 9, as follows:

Identified in FIG. 1, to facilitate the understanding of the present invention, is an annular pupiliary spincter region 28 of iris 14 that surrounds and controls a pupil or pupiliary opening 30 having a diameter, D_1, that typically is no greater than about 8 mm for normal vision.

Please amend the paragraph beginning on page 20, line 18, as follows:

This pinching up of iris segment 98 is accomplished, for ~~foe~~ example, by deflecting haptic loop regions 100 and 102 on each side of gap 78, downwardly (direction of Arrows "A") into iris surface 24. When the loop

regions are released, they return to their original shape, thereby trapping iris segment 98 in gap 78.

Please amend the paragraph beginning on page 23, line 20, as follows:

As shown, instrument 300 comprises an elongate operating head portion 304, an intermediate, operating head separation portion or means 305 and an elongate, preferably cylindrical, handle or barrel portion 306. Operating head portion 304 includes a tubular, ocular insertion member 308 which, with separation portion or means $305_{\perp}$ extends from a distal end 310 of handle or barrel portion 306 along a longitudinal axis 312 of the instrument.

Please amend the paragraph beginning on page 27, line 3, as follows:

Needle tip control rod 342 is loosely or slidably disposed through a short axial tubular member 376, having a length, l_7, of about 10 mm. Tubular member 376 is pivotally connected by an axially-separated pair of links 380 to a proximal insertion member region 382 having a diameter, $\underline{D}_7$ [[D_9]], of about 10 mm (FIG. 13). Links 380 are shown pivotally mounted at each end by pivot pins

384 to respective inner and outer brackets 386 and 388 (FIG. 13) fixed respectively to tubular member 376 and insertion member region 382. Outer brackets 388 are detachably attached to outer member region 382 by screws 389 (FIG. 13).

Please amend the paragraph beginning on page 30, line 22, as follows:

Although[[,]] electrical operating and control system 328 described above relative to FIG. 16 will ordinarily be preferred for ease of precise operation of forceps tip 322 and needle tip 324, FIG. 17 depicts a non-electrical (i.e., entirely mechanical) variation operating and control system 328a. System 328a is in all respects the mechanical equivalent of electrical operating and control system 328 and may, for some situations, be preferred.

Please amend the paragraph beginning on page 36, line 13, as follows:

The present inventor considers <u>that</u> the ability to easily and quickly separate <u>the</u> above-described operating head portion 304 (with forceps tip 322 and needle tip 324) from the rest of instrument 300 is desirable (but not essential). Such separation of

operating head portion 304 is advantageous for reasons as enabling: (i) the rapid installation of a sterilized operating head portion 304 before each new use of instrument 300, (ii) the efficient sterilization of operating head portion 304, and (iii) the easy replacement of a damaged or worn needle tip 324 and/or forceps tip 322.

Please amend the paragraph beginning on page 37, line 6, as follows:

FIG. 23, thus depicts the detachable connection between control pin or rod 340 and associated connecting pin or rod 341, as is required for the controlled opening and closing of forceps tip 322 (not shown) by operation of switch 334 (see FIG. 16). For such detachable connection, a blunt, conical, proximal end 600 of forceps tip control pin or rod 340 is frictionally received or fit into a conically tapered recess or socket 602 formed in a distal end region of connecting pin or rod 341. Preferably, conical proximal end 600 of control ~~connecting~~ pin or rod 340 ~~341~~ is tapered ~~at tapered~~ at an angle, δ_2 [[δ_1]], of about 7° [[10°]] and recess 602 is tapered at an angle, δ_1 [[δ_2]], of about 10° [[7°]]. Connecting pin or rod 341 may have a diameter, D_{11}, that is about 2 mm.

Please amend the paragraph beginning on page 42, line 1, as follows:

FIG. 30 illustrates an alternative iris fixated intraocular lens 740. In the intraocular lens 740 illustrated in FIG. 30, the two fixation members 710 are wholly disposed on opposite sides of the optic 716. Like the embodiment illustrated in FIG. 27, the connecting elements 712 are also quite short. In a typical embodiment, each of the connecting elements 712 has a length l less than about 1.0 mm. In a most typical embodiment, each of the connecting elements 712 has a length l of about 0.7 mm. The short length of the fixation members 712 enhances the implantation of the lens 740 by folding techniques because the short fixation members 710 minimize the range of movement during the implantation unfolding. This results in less chance of corneal endothelial cell damage. The width of each fixation member <u>710</u> ~~740~~ is typically about 2.4 mm.